



# COMMONWEALTH OF MASSACHUSETTS

Division of Professional Licensure

Board of Real Estate Appraisers

239 Causeway Street, Boston, MA 02114

www.mass.gov/dpl

**DEVAL L. PATRICK**  
GOVERNOR

**TIMOTHY P. MURRAY**  
LIEUTENANT GOVERNOR

**DANIEL O'CONNELL**  
SECRETARY OF HOUSING  
AND ECONOMIC  
DEVELOPMENT

**JANICE S. TATARKA**  
DIRECTOR, OFFICE OF  
CONSUMER AFFAIRS AND  
BUSINESS REGULATION

**GEORGE K. WEBER**  
DIRECTOR, DIVISION OF  
PROFESSIONAL LICENSURE

## Active Military Service Continuing Education Deferral Request

Name: \_\_\_\_\_  
First MI Last Generation (Jr., Sr., I, II)

Address: \_\_\_\_\_  
Street and Number P.O. Box  
City State Zip

Telephone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

License Number: \_\_\_\_\_ License Level: \_\_\_\_\_

Active military service began on: \_\_\_\_\_ and ended on: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**You must attach a certified copy of your discharge or other such document releasing you from active service.**

Describe the circumstances that prevented you from completing the continuing education required to renew your license or certificate.


If you were released from active service **more than 30 days prior** to filing this form, describe the circumstances that prevented you from filing within 30 days of your release and how those circumstances relate to your active service.




Total number of hours of continuing education courses completed since your last renewal: \_\_\_\_\_

Course Name	Board Approval Number	Completion Date	Hours

I, \_\_\_\_\_ (the applicant), hereby certify, under the pains and penalties of perjury, that I am the applicant named herein and that the statements made and the documents included with this application are true and correct to the best of my knowledge and belief. I understand that any omission, failure to disclose or inaccuracy may be sufficient to deny renewal or certification. Further, I hereby state that I have not withheld any information that may affect my eligibility of licensure or certification.

I further attest that, pursuant to M.G.L. 62C, s.49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

In the event that I do not complete the requisite continuing education within the continuing education deferral period granted by the Board. I agree that I will immediately cease practicing and return any license or certificate issued to the Board. I further understand that failure to cease practicing and to return any such licenses or certificates to the Board where I do not complete continuing education requirements within the deferral period provided is grounds for formal disciplinary proceedings.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

My commission expires on:

**Send this form (and required documents) together with original completion certificates issue by the education provider for any education completed and reported above, your license or certification renewal form and payment. Deferrals are issued for a maximum of 6 months and are not renewable.**